Quarterly Patient/Family Survey

1. Overall, how would you rate the quality of the services your loved one receives?

o Very positive

o Somewhat positive

o Neutral

o Somewhat negative

o Very negative

2. How well has the treatment plan/service outcomes been working for your loved one?

o Extremely well

o Very well

o Somewhat well

o Not so well

o Not well at all

3. Is there anything about the treatment plan/service outcomes you would like to change?

4. Has a home program been created for you?

o Yes

o No

o I’m not sure

5. Has your therapist/direct care worker provided you with ideas/strategies on how to apply the home program to your everyday life?

o Yes

o No

o I’m not sure

6. Do you feel your loved one is making progress? If yes, please share in what areas have you seen progress?

7. What other areas do you feel your loved one need to work on?

8. On a scale of 1 to 10 (1 being Extremely Satisfied and 10 being extremely unsatisfied) How satisfied are you with your current therapist/Direct Care Provider?

o 1 Extremely Satisfied

o 2

o 3

o 4

o 5

o 6

o 7

o 8

o 9

o 10 Extremely Unsatisfied

9. On a scale of 1 to 10 (1 being highly unlikely and 10 being extremely likely) How likely is it that you would recommend our agency to a friend or colleague?

o 1 Highly Unlikely

o 2

o 3

o 4

o 5

o 6

o 7

o 8

o 9

o 10 Extremely Likely

10. Do you have any other comments, questions, or concerns?

This survey is also available online for your convenience. We welcome and appreciate your feedback! Should you wish to speak to someone directly, you may contact our Family Support Liaison at 602-614-5584 during regular business hours Monday-Friday 9am to 6pm, Saturday 9am-5pm

MEMBER NAME:

PROVIDER/THERAPIST NAME:

DATE:

